

POSITION	INITIALS	ID NO.	DATE
<input checked="" type="checkbox"/> FEE DETERMINATION			
<input checked="" type="checkbox"/> O.I.P.E. CLASSIFIER	<i>WJ</i>	<i>45</i>	<i>4/4/00</i>
<input checked="" type="checkbox"/> FORMALITY REVIEW			
<input checked="" type="checkbox"/> RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions
staple additional sheet here

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